THE NATIONAL CENTER ON
Family Homelessness
for every child, a chance

The Testimony of

Ellen L. Bassuk, MD
President, National Center on Family Homelessness
and
Associate Professor of Psychiatry, Harvard Medical School

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181 Wells Avenue Newton Centre, MA 02459 T: 617.964.3834 F: 617.244.1758 www.familyhomelessness.org

Representative Waters and members of the Subcommittee, I am honored to have the opportunity to speak with you today on behalf of the 1.3 million children who are homeless in America each year (Burt et al., 1999). Thank you for giving a voice to this most vulnerable and often neglected group.

I am Ellen L. Bassuk, MD, Associate Professor of Psychiatry at Harvard Medical School and the president of the National Center on Family Homelessness. Founded in 1988, the National Center on Family Homelessness is a mission-driven, non-profit organization committed to ending family homelessness by understanding the needs of homeless families and children, developing and refining responsive programs, and delivering technical assistance to communities and service providers. We have conducted dozens of research, evaluation, and technical assistance projects, creating a body of knowledge that informs programs and policies across the country, including some of the first studies of homeless families in the early 1980s that helped put this issue on our nation's program and policy agenda. We currently work in 47 States across the nation. Drawing on knowledge gained from our 19 years of research and field experience, I respectfully offer the following comments on the Reauthorization of the McKinney-Vento Homeless Assistance Act.

For the first time in the history of the United States with the exception of the Great Depression, homeless children and their families have joined the ranks of the homeless population (Bassuk & Franklin, 1992). While the numbers of families and children in the mid-1980's were negligible, they now comprise 35%- 40% of the overall homeless population (Burt et al., 1999). It is astounding to consider that 1.8% of all families and 8% of poor families in the United States experience homelessness annually (Burt et al., 1999). We know these numbers underestimate the extent of the problem because they only capture families that received homeless assistance services. Local reports suggest that family homelessness is now increasing significantly. For example, Massachusetts has seen a 29% increase in family homelessness in a little over a year ("Homeless families fill shelters to highest levels since 1983," 2007).

Homelessness for a child is more than the loss of a house. It disrupts every aspect of life. It separates children from their belongings, beloved pets, reassuring routines, friends, and community. At a time when children should be developing a sense of safety and security, trust in their caregivers, and freedom to explore the world, they are severely challenged and limited by unpredictability, dislocation, and chaos. They begin to learn that the world is in fact unsafe, that their parents are understandably stressed and preoccupied, and that scary and often violent things happen around them. These experiences are not lost on children—even the youngest. Ongoing, chronic stress can have profound and lasting effects that may still be manifested in adulthood.

Based on a longitudinal study we conducted, The National Center on Family Homelessness has documented that residential instability, interpersonal violence, and family separation and disruption are inextricably linked. Ninety-seven percent of homeless families move, many up to three times in the year before entering shelter (Masten, Miliotis, Graham-Bermann, Ramirez, & Neemann, 1993). These moves are

not positive: 26% of homeless families have been evicted from their homes; 89% had been doubled-up where they were faced with overcrowding, friends and family who resented their presence, and significant risk of physical and sexual abuse (Bassuk et al., 1997).

Perhaps the most shocking finding from our research is the astoundingly high rates of interpersonal and community violence in the lives of these families (Bassuk et al., 1996). The pervasiveness of victimization in the lives of homeless mothers is staggering:

- 92% of homeless mothers have been severely physically or sexually assaulted during their lives—and their average age is 27 years.
- 63% of homeless mothers have been violently abused by a male partner, with 27% requiring medical treatment.
- 25% of homeless mothers have been victims of random violence.

These findings are particularly pertinent considering that a mother's emotional status is often the most important mediating factor determining the outcomes for her children—especially younger children.

Homeless children are also exposed to extreme levels of violence. For example, although difficult to document accurately due to under-reporting, we know from a recent study of homeless children aged 8 to 17 years:

- 62% have been exposed to at least one form of severe violence, 37% reported two or more events, and 23% reported three or more.
- 13% reported that grown-ups at home had hit each other.
- 53% reported hearing gunshots, 17% said they had seen someone shot, and 17% said they had seen a dead body.
- 8% report that someone had threatened to kill them.

This exposure to violence was a salient predictor of children's mental health over and above other explanatory factors (Buckner, Beardslee, & Bassuk, 2004).

Homelessness is also marked by family separations and disruptions (Barrow, 2004). Homeless children are at high risk for out-of-home placement: 22% live apart from their immediate family at some point; 12% are placed in foster care, compared to just over 1% of other children (Bassuk et al., 1996; Shinn & Bassuk, 2004). The impact of family separation is significant. Caring attachments between adults and children are fundamental to human development. When a child's bond with her mother or mother figure is precipitously disrupted or inconsistent, the child is likely to suffer long-term negative effects such as behavioral difficulties and an inability to form supportive, trusting relationships that may extend into adulthood.

Understandably, given their circumstances and the unrelenting stresses they experience, including the stress of homelessness itself, many homeless children face physical, emotional, behavioral, and cognitive development issues (Rog & Buckner, 2007; Cook et al., 2005). Compared to their housed counterparts, homeless children have more acute and chronic medical problems, four times the rate of developmental delays, three times the rate of anxiety, depression and behavioral difficulties, and twice

the rate of learning disabilities. By age 8 years, approximately one in three homeless children has at least one major psychiatric disorder. It is not surprising that they struggle in school and have difficulty learning. Almost three-quarters perform below grade level in reading and spelling. An estimated one-third have repeated a grade. Despite their extensive needs, most are not receiving appropriate special educational services or treatment when needed (Bassuk et al., 1996; Bassuk, Weinreb, Dawson, & Perloff 1997; National Center on Family Homelessness, 1999).

It is important to add a hopeful caveat to this dire picture. We have data that strongly suggest that many homeless children are resilient and do well with adequate supports and clinical treatment when needed (Huntington, Buckner, & Bassuk, in press). Stable permanent housing is the critical foundation for achieving these positive outcomes.

Homelessness is traumatic for children and its effects can last a lifetime (Guarino, Rubin, & Bassuk, 2007). It is not just the children who lose out. Our society as a whole faces a profound moral dilemma and pays a high economic price for this tragedy. Efforts must be made to strengthen the federal response to family homelessness before the homeless children of today become the chronically homeless adults of tomorrow. Permanent housing with transitional supports is the basis for the solution and can pave the way to ending homelessness. With children in such dire circumstances, we either pay now or pay later.

This national crisis demands immediate action. Unfortunately, much of the current policy discussion centers around how to allocate scarce resources among equally deserving and needy subgroups. These efforts pit one subgroup against another. This is counter-productive. The National Center on Family Homelessness fully recognizes the complex needs of single adults who are chronically homeless and we support efforts to overcome the widespread stigma that has led to substandard services or no services at all. We must continue to address the needs of disabled adults and provide permanent supportive housing for these individuals. We also believe that current policy is unbalanced and has inadvertently limited communities' efforts to address and prevent homelessness among children and their families. While insufficient resources have been committed to adequately address the needs of all homeless people, the solution is not to support one group to the exclusion of others. We strongly advocate for adequate funding of McKinney-Vento to meet the needs of all people experiencing homelessness. Until that time, we offer various suggestions.

First, we urge aligning the HUD definition of homelessness with those used by the Departments of Education, Health and Human Services, and Justice. Families, children, and youth who are doubled up or living in hotels or motels and do not have a fixed, regular and adequate living situation are homeless. These families live in overcrowded, unsafe, and unstable living situations with entire families often having to live in a single room with no access to cooking facilities or play spaces. Not only are these situations emotionally damaging for children they also can be physically damaging as children in these situations are at increased risk for physical and sexual abuse. These families are homeless and in need of services and safe, stable housing.

Second, we support provisions in the HEARTH Bill that allow communities the flexibility to implement a range of housing and service options based on local needs. These strategies are more likely to be responsive to local needs and allow the possibility of supporting preventive services. Only by further developing preventive strategies, which are now only in a rudimentary stage, can we hope to close the front door to homelessness. We are hopeful that the proliferation of local 10-Year Plans to end chronic homelessness indicates sufficient community momentum to allay concerns about discrimination against individuals with severe disabilities.

Finally, if there is to be a set aside for permanent supportive housing, it is essential that the definition is expanded to include the needs of homeless families and children. Homeless families and children have different mental health needs than those of homeless single adults, and these do not always fall under the category of "disability". Some family members have serious physical and/or mental health needs that are disabling enough to warrant ongoing community services and treatment, including placement in permanent supportive housing. Because research data on this remain limited, there has been disagreement about the percentage of families in this category. Many family members have problems such as post traumatic stress disorder (PTSD) and clinical depression which are often under-recognized and under-treated (Bassuk, Buckner, Perloff, & Bassuk, 1998). Among the mothers, these conditions, when untreated, often lead to difficulties accessing critical services, becoming self-supporting, and parenting effectively. If substance abuse is added to the equation, their challenges are even greater. Homeless children with disabilities must also be included within such a set aside. A significant number of these children suffer from disabilities that place increased demands on their families and can limit a parent/caretaker's ability to exit homelessness.

It is important to understand that current definitions of chronicity are ill-suited to the realities of family homelessness and ignore the unique needs of children. There are two generations within homeless families, parent/caretaker and child(ren) and a significant percentage of these children are under the age of 6. The impact of homelessness is very different for children; experiencing homelessness for even one to two months (much less a year or more or four times in a three year period) may have a devastating impact on their healthy growth and development. Current definitions do not take into account the unique experiences and needs of children who are homeless as well as the rapid growth and development of children.

Homeless children do not become homeless by themselves. We cannot expect them to stabilize their lives alone. As the society which has fashioned their condition, we have a moral responsibility to devise their rescue. The HEARTH Bill takes important steps in that direction, but we are mindful that much more needs to be done. The knowledge and strategies to end family homelessness exist. We now need the desire to ensure a decent life for all children and the will to make it happen.

References

Barrow, S. (2004). Family separations and reunifications. In D. Levinson (Ed). *Encyclopedia of Homelessness.* (157-161). London: Sage Publications.

Bassuk, E.L., Buckner, J.C., Perloff, J.N., & Bassuk, S.S. (1998). Prevalence of mental health and substance use disorders among homeless and low-income housed mothers. *American Journal of Psychiatry, 155*, 1561-1564.

Bassuk, E.L., Buckner, J.C., Weinreb, L., Browne, A., Bassuk, S.S., Dawson, R., & Perloff, J.N. (1997). Homelessness in female-headed families: Childhood and adult risk and protective factors. *American Journal of Public Health, 87*(2), 241-248.

Bassuk, E.L. & Franklin, D. (1992). Homeless past and present. The case of the United States, 1890-1925. *New England Journal of Public Policy, 8,* 67-85.

Bassuk, E.L., Weinreb, L.F., Buckner, J.C., Browne. A., Salomon, A., & Bassuk, S.S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Journal of the American Medical Association, 276*, 640-647.

Bassuk, E.L., Weinreb, L., Dawson, R., & Perloff, J. (1997). Determinants of behavior in homeless and low income housed preschool children. *Pediatrics, 100*, 92-100.

Buckner, J.C., Beardslee, W.R., & Bassuk, E.L. (2004). Exposure to violence and low-income children's mental health: Direct, moderated, and mediated relations. *American Journal of Orthopsychiatry, 74*(4), 413-423.

Burt, M.R., Aron, L.Y., Douglas, T. Valente, J., Lee, E., & Iwen, B. (1999). *Homelessness: Programs and the people they serve. Summary and Technical Reports*. Findings of the 1996 National Survey of Homeless Assistance Providers and Clients. Prepared for the Interagency Council on the Homeless and 12 federal sponsors.

Cook, A., Spinazzola, J., Ford, J., Lanktree. C., Cloitre, M., et al. (2005). Complex trauma in children and adolescents. *Psychiatric Annals. 35*, 390-398.

Guarino, K., Rubin, L., & Bassuk, E.L. (2007). Violence and trauma in the lives of homeless families. In E. Carll (Ed). *Trauma Psychology*. (231-258) Westport: Praeger Publishers.

Homeless families fill shelters to highest levels since 1983. (2007, October 8). *Boston Herald*, pp.16.

Huntington, N., Buckner, J.C., Bassuk, E.L. (In Press). Adaptation in homeless children: An empirical examination using cluster analysis. *American Behavioral Scientist*. (In Press).

Masten, A.S., Miliotis, D., Graham-Bermann, S.A., Ramirez, M.L., & Neemann, J. (1993). Children in homeless families: Risks to mental health and development. *Journal of Consulting and Clinical Psychology, 61*(2), 335-343.

National Center on Family Homelessness (1999). *Homeless Children: America's New Outcasts.* Newton Centre, MA: National Center on Family Homelessness.

Rog, D.J., & Buckner, J.C. Homeless Families and Children. 2007 National Symposium on Homelessness Research Discussion Draft. (February 12, 2007).

Shinn, M.B. & Bassuk, E.L. (2004). Families. In D. Levinson (Ed). *Encyclopedia of Homelessness.* (149-156). London: Sage Publications.